

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G445		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2014	
NAME OF PROVIDER OR SUPPLIER NEW HOPE OF INDIANA, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 12342 LANTERN RD FISHERS, IN 46038			
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W000000	<p>This visit was for a fundamental recertification survey and state licensure survey.</p> <p>Dates of Survey: November 5, 6, 7, 13 and 14, 2014.</p> <p>Facility Number: 000959 AIMS Number: 100235240 Provider Number: 15G445</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 20, 2014 by Dotty Walton, QIDP.</p>		W000000				
W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to encourage her to wear eyeglasses.</p>		W000436	<p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice?</i></p>		12/12/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>During observations at the group home on 11/5/14 from 5:15 PM until 6:20 PM and again on 11/6/14 from 6:19 PM until 8:15 AM, client #2 did not wear her eyeglasses. Client #2 ate her meal and took her dishes to the sink during the observations.</p> <p>During observations at the day services on 11/6/14 from 11:10 AM until 11:40 AM, client #2 colored a picture. Client #2 did not wear her eyeglasses during the observation.</p> <p>Client #2's record was reviewed on 11/6/14 at 3:10 PM. A vision exam dated 7/9/14 indicated client #2 was prescribed eyeglasses. There was no indication as to when client #2 was to wear her eyeglasses in the examination notes. A vision exam dated 2/29/12 indicated "wear glasses full time."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the home nurse were interviewed on 11/7/14 at 9:40 AM. The QIDP stated "We need to get clarification of when [client #2] is to wear her glasses." The group home nurse indicated at one time the glasses were prescribed for close up work.</p>			<p>Client #2 will have a training objective established in her treatment plan to wear her glasses as ordered. All staff will be trained on the new objective for client #2 and implement as written. Team Leader and QIDP will monitor progress toward objective and address any modifications to treatment plan as indicated.</p> <p><i>How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>All other individuals residing in the home were reviewed to ensure adaptive equipment is present, in good repair, and being utilized as identified by IDT. Staff will be retrained on the equipment for the other individuals residing in the home.</p> <p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Team Leader and QIDP will review the program objective for client #2 weekly for the first 2 weeks to ensure that opportunities are being offered. There will be continued</p>			

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W000460	<p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based upon record review and interview the facility failed to provide the prescribed liquid consistency for 1 of 3 sampled clients (client #3) and 1 additional client (client #8).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 11/6/14 from 6:19 AM until 8:15 AM. During administration of medication, client #3 was given her Polyethylene Glycol (constipation) 3350 powder 17 grams mixed in a glass with a spouted lid full of water. Staff #7 mixed a packet of a thickening agent into client #3's liquid and client #3 drank the liquid. The liquid sloshed up the sides of the glass when it was moved from side to side. Client #8 was given her Polyethylene Glycol (constipation) 3350</p>		W000460	<p>monthly monitoring of progress to ensure that client #2 is successful in wearing her glasses or revision to plan is addressed. The initial objective will be in place 3-4 months to allow time for progress to be achieved. After that point, team will consider any further need to address.</p> <p><i>What corrective action will be accomplished for these residents found to have been affected by the deficient practice? How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action will be taken?</i></p> <p>Training will occur to include review of all Dining Plans, accurate mixing of modified liquids – nectar and honey and accurate measuring and mixing of Polyethylene Glycol (Miralax) for all liquid consistencies—thin, nectar and honey.</p> <p>Procedure for medication administration was also adjusted to utilize pre-packaged thickened liquids for lunches and medication administration.</p>		12/12/2014	

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	<p>powder 17 grams mixed with a packet of a thickening agent in a glass with a spouted lid by staff #7. Staff #5 assisted client #3 prepare her breakfast of juice, cereal and toast.</p> <p>The thickening agent packet's label and directions were reviewed on 11/6/14 at 7:15 AM and indicated the packet was for honey consistency and the directions indicated "mix packet in 4 ounces of water."</p> <p>Staff #7 was interviewed on 11/6/14 at 7:16 AM and indicated the packet was to be mixed with water to the consistency of honey for clients #3 and #8. When asked about the size of each of the glasses used by clients #3 and #8 during the medication administration, she stated, "It looks like 8 ounces or more," and indicated the Polyethylene Glycol powder mixed with the water caused the liquid to be thicker than the water normally mixed with the packet. She indicated clients #3 and #8 were to receive a honey consistency liquid.</p> <p>Staff #5 was interviewed on 11/6/14 at 6:55 AM and indicated the spouted cups used by clients #3 and #8 were 16 ounces. She indicated client #3 was to receive nectar thick liquids and client #8 was to receive honey thickened liquids,</p>			<p><i>What measures will be put into place or what systemic changes will be made to ensure these deficient practices do not recur? How the corrective actions will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place?</i></p> <p>Group Home Team Leader and/or Manager/QIDP will observe medication administration daily for one week to ensure proper thickening of liquids and mixture of any additives. Nurse Consultant and Team Leader will resume routine monthly observations after competence is demonstrated during initial retraining.</p>			

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	<p>and the juice was purchased prepared and pre-packaged prior to serving it to clients. She showed the surveyor the juice she poured into client #3's glass. The juice was labeled "nectar" thickened.</p> <p>Client #3's record was reviewed on 11/6/14 at 2:20 PM. A Dining plan indicated client #3 was to be given honey thickened liquids and was to use a sipper cup with two handles.</p> <p>Client #8's record was reviewed on 11/6/14 at 1:49 PM and indicated client #8 was to receive honey thickened liquids and use a sipper cup with two handles.</p> <p>The group home nurse was interviewed on 11/7/14 at 9:40 AM and indicated clients #3 and #8 should receive honey thickened liquids. She indicated the packet directions should be followed by using 4 packets in 16 ounces of water and she would check on the consistency of the liquid after the Polyethylene Glycol and thickening agent were stirred into the water to ensure it was mixed to honey consistency.</p> <p>9-3-8(a)</p>						